

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): M. Aubart, et al.

For (title): TRIARYLSILYL(METH)ACRYLOYL-CONTAINING POLYMERS FOR MARINE
COATING COMPOSITIONS

1. Type of Application

This application is for a continuation-in-part (C-I-P) of co-pending application 10/442,461
filed May 21, 2003.

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153
(Design) Application

22 page(s) of Specification
5 Page(s) of Claims

- B. Other Papers Enclosed

2 Page(s) of declaration and power of attorney
1 Page(s) of abstract

- C. Drawings
Figures 1, 2 and 3

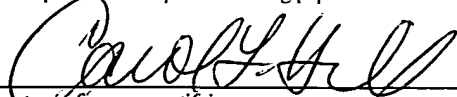
EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date
November 10, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail
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Date: November 10, 2003

Carol F. Hill

Type or print name of person mailing paper


Signature of person certifying

4. Additional Papers Enclosed

Information Disclosure Statement;
Form PTO-1449 w/ attached citations

5. Declaration or Oath

An unexecuted copy is enclosed.

6. Inventorship Statement

The inventorship for all the claims in this application is the same.

7. Language

English

8. Fee Calculation (37 C.F.R. § 1.16)

Regular Application									
CLAIMS AS FILED									
Number Filed		Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00			
Total									
Claims (37 C.F.R. § 1.16(c))		21	–	20	=	1	x	\$ 18.00	= \$ 18.00
Independent									
Claims (37 C.F.R. § 1.16(b))		6	–	3	=	3	x	\$ 84.00	= \$ 252.00
Multiple Dependent									
Claim(s), if any (37 C.F.R. § 1.16(d))								\$ 280.00	\$ 0.00

Filing Fee Calculation

\$1,040.00

10. Fee Payment Being Made at This Time

Filing Fee

\$1,040.00

Total Fees Enclosed

\$1,040.00

11. Method of Payment of Fees

Authorization is hereby made to charge the amount of \$1,040.00 to Deposit Account No. 01-2717.

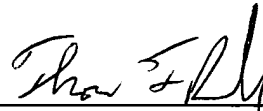
A duplicate of this paper is attached.

12. Instructions as to Overpayment

Credit Account No. 01-2717.

Date: November 10, 2003

Reg. No.: 42,110
Tel. No.: 215-419-7314



Signature of Practitioner

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